



*Creating Materials & Energy Solutions*  
U.S. DEPARTMENT OF ENERGY

## **Ames Laboratory Occupational Medicine Medical Confidentiality Agreement**

It is the responsibility of all Occupational Medicine staff to preserve and protect confidential patient, employee and business information. During the course of your employment you may have access to, gain knowledge of, or be entrusted with confidential medical and/or personnel information. This information may contain matters of a highly sensitive and/or personal nature.

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care.
2. It is my legal and ethical responsibility to protect the privacy, confidentiality, and security of all medical records, proprietary information and other confidential information relating to Occupational Medicine and its affiliates, including business, employment and medical information relating to our patients, members, employees, and health care providers.
3. I shall only access or disseminate patient care information in the performance of my assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of the Ames Laboratory Occupational Medicine, or where no officially adopted policy exists, only with the express approval of my supervisor or any other patient care, peer review or risk management information, except to persons authorized to receive it in the conduct of Occupational Medicine affairs.
4. I agree to discuss confidential information only in the work place and only for job related purposes. I will not discuss confidential information outside of the work place or within hearing of other people who do not have a need to know the information.
5. I understand that by having access to confidential information, I am agreeing to be responsible for the maintenance of its security and confidentiality and I agree to safeguard and not share my access user name and password to the electronic patient care records.
6. I understand that the law specially protects mental health and drug abuse records, and that unauthorized disclosure of such information may make me subject to legal and/or disciplinary action.
7. I understand that my obligation to safeguard patient confidentiality continues after my termination of employment with the Ames Laboratory.

I hereby acknowledge that I have read and understand the forgoing Medical Confidentiality Agreement and that my signature below signifies my agreement to comply with the above terms. In the event of a breach or threatened breach of the Medical Confidentiality Agreement, I acknowledge that the

Ames Laboratory may, as applicable and as it deems appropriate, pursue disciplinary action up to and including my termination from the Ames Laboratory.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Department: \_\_\_\_\_